

Additional Major – Minor – Internal Transfer Form

Phone: (412) 268-6679
Fax: (412) 268-5146

Name: _____

SSN/Student ID: _____

Campus Address: _____

Phone: _____

E-mail: _____

Home College: _____

Home Department: _____

Class (*circle one*): 1 2 3 4
 1st year sophomore junior senior

Please complete the appropriate section below.

Additional Major

Additional Major In: _____

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Minor

Minor in: _____

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Internal Transfer

New Department: Biological Sciences Chemistry Mathematical Sciences Physics
(*circle one*)

Degree Sought: _____ Expected Graduation Date (*Semester/Year*): _____

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

MCS Departmental Advisors

**MCS Associate Dean
for Undergraduate Affairs
& First-Year Advisor**

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General Information

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Advisors for College Level Minors

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